

B1 (Official Form 1) (4/13)

United States Bankruptcy Court DISTRICT OF PUERTO RICO				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>SURGIFIX, INC, a Corporation</b>			Name of Joint Debtor (Spouse)(Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>NONE</b>			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>66-0726567</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):		
Street Address of Debtor (No. & Street, City, and State): <b>CAPITAL CENTER BLDG, STE 1002 ARTERIAL HOSTOS AVE #239 SAN JUAN, PR</b>			Street Address of Joint Debtor (No. & Street, City, and State):		
ZIP CODE <b>00918</b>			ZIP CODE		
County of Residence or of the Principal Place of Business:			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): <b>SAME</b>			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above): <b>SAME</b>			ZIP CODE		
<b>Type of Debtor</b> (Form of organization) (Check <b>one</b> box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below)		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <b>Medical Equipment Vendor</b>		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		<b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input checked="" type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors:</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

BI (Official Form 1) (4/13)

FORM BI, Page 2

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>SURGIFIX, INC,</b> <b>a Corporation</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
<b>NONE</b>			
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
<b>NONE</b>			
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). <b>X</b> <div style="display: flex; justify-content: space-between;"> <span>Signature of Attorney for Debtor(s)</span> <span>04/13/2015 Date</span> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

BI (Official Form 1) (4/13)

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):  
**SURGIFIX, INC,**  
a Corporation**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

(If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

(Date)

X



Signature of Attorney for Debtor(s)

**Fernando E. Longo Quiñones USDC 218306**

Printed Name of Attorney for Debtor(s)

**Fernando E. Longo Quiñones, Esq.**

Firm Name

**Capital Center Bldg. Suite 900**

Address

**#239 Arterial Hostos Ave.****San Juan, PR 00918-1400****(787) 753-0884**

Telephone Number

**04/13/2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

**Hernán J. Torres**

Printed Name of Authorized Individual

**President**

Title of Authorized Individual

**04/13/2015**

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

In re *SURGIFIX, INC*  
a Corporation

Case No.  
Chapter 7

/ Debtor

**STATEMENT REGARDING CORPORATE RESOLUTION**

The undersigned Hernán J. Torres is President of SURGIFIX, INC, a Puerto Rico corporation. On 04/10/2015 the following resolution was duly adopted by the Shareholders of this corporation.

"WHEREAS, it is in the best interests of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code:

"NOW, THEREFORE, BE IT RESOLVED, that Hernán J. Torres, President of this corporation, be and hereby is, authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 7 voluntary bankruptcy case in the United States Bankruptcy Court on behalf of the corporation; and

"BE IT FURTHER RESOLVED, that Hernán J. Torres, President of this corporation, be and hereby is, authorized and directed to appear in all such bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform any and all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with said bankruptcy proceedings; and

"BE IT FURTHER RESOLVED, that Hernán J. Torres, President of this corporation, be and hereby is, authorized and directed to employ Fernando E. Longo Quiñones, Attorney and the law firm of Fernando E. Longo Quiñones, Esq., to represent the corporation in said bankruptcy proceedings."

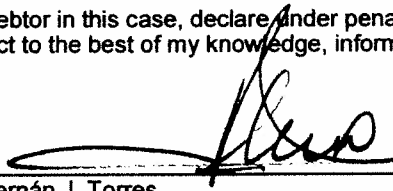
**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION**

I, Hernán J. Torres, President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing resolution and it is true and correct to the best of my knowledge, information, and belief.

Date

4/13/2015

Signature

  
Hernán J. Torres  
President

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO

In re *SURGIFIX, INC, a Corporation*

Case No.  
Chapter 7

\_\_\_\_\_/ Debtor  
Attorney for Debtor: *Fernando E. Longo Quiñones*

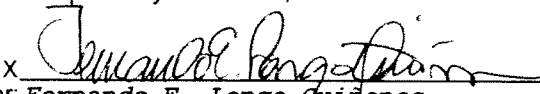
STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
  - a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . . \$ 3,000.00
  - b) Prior to the filing of this statement, debtor(s) have paid . . . . . \$ 3,000.00
  - c) The unpaid balance due and payable is . . . . . \$ 0.00
3. \$ 335.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
*None other*
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
*None other*
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
*None*
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
*None*

Dated: 04/13/2015

Respectfully submitted,

x   
\_\_\_\_\_  
Attorney for Petitioner: *Fernando E. Longo Quiñones*  
*Fernando E. Longo Quiñones, Esq.*  
*Capital Center Bldg. Suite 900*  
*#239 Arterial Hostos Ave.*  
*San Juan PR 00918-1400*  
*(787) 753-0884*



# UNITED STATES BANKRUPTCY COURT DISTRICT OF PUERTO RICO

In re *SURGIFIX, INC, a Corporation*Case No.  
Chapter 7

\_\_\_\_\_/ Debtor

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
<b>TOTAL</b>	\$

State the following:

Average Income (from Schedule I, Line 12)	\$
Average Expenses (from Schedule J, Line 22)	\$
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$

# UNITED STATES BANKRUPTCY COURT DISTRICT OF PUERTO RICO

In re *SURGIFIX, INC*, a CorporationCase No.  
Chapter 7

\_\_\_\_\_/ Debtor

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 587,378.92		
C-Property Claimed as Exempt	No	0			
D-Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 266,494.34	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 944,220.10	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	No	0			\$ 0.00
J-Current Expenditures of Individual Debtor(s)	No	0			\$ 0.00
TOTAL		13	\$ 587,378.92	\$ 1,210,714.44	

Case No. \_\_\_\_\_  
(if known)

(Report also on Summary of Schedules.)



In re SURGIFIX, INC

Debtor(s)

Case No. \_\_\_\_\_

(if known)

**SCHEDULE B-PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Lease bond with Bermica Investment, S.E.</i>		<i>\$2,570.00</i>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

In re SURGIFIX, INC

Debtor(s)

Case No. \_\_\_\_\_

(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	<div>                     Husband--H                      Wife--W                      Joint--J                      Community--C                 </div>	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X	<i>Accounts receivables from trade as of January 31, 2015 See Attachment A</i>		\$462,399.12
16. Accounts Receivable.				
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		<i>Furniture, Fixtures and Computers See Attachment B (valued at cost) Location: Capital Center Bldg., Ste. 1002 Ave Arterial Hostos #239 San Juan, PR</i>		\$6,825.00
29. Machinery, fixtures, equipment and supplies used in business.		<i>Medical equipment for sale in trade See Attachment C</i>		\$59,634.00

In re SURGIFIX, INC  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
30. Inventory.		Location: Capital Center Bldg., Ste. 1002 Ave Arterial Hostos #239 San Juan, PR  Inventory for sale in trade See Attachment D Location: Capital Center Bldg., Ste. 1002 Ave Arterial Hostos #239 San Juan, PR		\$55,950.80
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total →				\$587,378.92

**SurgiFix, Inc.**  
**Aged Receivables**  
**As of Jan 31, 2015**

Filter Criteria includes: 1) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer Telephone 1	Invoice/CM	Invoice Amt	0-30	31-60	61-90	Over 90 days	Amount Due
ACAA 787-759-8989	30315	1,644.00				1,644.00	1,644.00
	30908	5,587.61				5,587.61	5,587.61
	31121	5,450.14				5,450.14	5,450.14
	40235	2,720.00				2,720.00	2,720.00
<b>ACAA</b>						<b>15,401.75</b>	<b>15,401.75</b>
<hr/>							
Alfredo Flores Salgado	31002B	598.50				598.50	598.50
<b>Alfredo Flores Salgado</b>						<b>598.50</b>	<b>598.50</b>
<hr/>							
American Healthcare 1-888-620-1919	31011	7,986.00				7,986.00	7,986.00
	31125	3,200.00				3,200.00	3,200.00
	40905	7,285.00				537.70	537.70
	50412	1,296.00				1,296.00	1,296.00
	50506	8,372.04				8,372.04	8,372.04
	50511	8,615.00				8,615.00	8,615.00
<b>American Healthcare</b>						<b>30,006.74</b>	<b>30,006.74</b>
<hr/>							
Ana Soto Ortiz 787-610-4671	41213B	146.05				73.00	73.00
<b>Ana Soto Ortiz</b>						<b>73.00</b>	<b>73.00</b>
<hr/>							
Andre LeFranc De La Torre	40828B	1,228.00				1,228.00	1,228.00
<b>Andre LeFranc De La Torre</b>						<b>1,228.00</b>	<b>1,228.00</b>
<hr/>							
Anthony R. Rodriguez Fuentes 7873597137	50301B	598.00				251.40	251.40
<b>Anthony R. Rodriguez Fuentes</b>						<b>251.40</b>	<b>251.40</b>
<hr/>							
ASEM - Centro Medico 787-777-3535 X 6180	2401	3,950.00				3,950.00	3,950.00
	21139	1,500.00				1,500.00	1,500.00
	30152	1,854.00				1,854.00	1,854.00
	30338	2,512.50				2,512.50	2,512.50
	30336	5,629.50				5,629.50	5,629.50
	30406	400.80				400.80	400.80
	30403	5,026.70				5,026.70	5,026.70
	30504	2,599.12				2,599.12	2,599.12
	30713	1,368.76				1,368.76	1,368.76
	30808	4,173.75				4,173.75	4,173.75
	30901	1,365.00				1,365.00	1,365.00
	31105	1,684.83				1,684.83	1,684.83
	31219	4,236.13				4,236.13	4,236.13
	40112	4,077.00				4,077.00	4,077.00

**SurgiFix, Inc.  
Aged Receivables  
As of Jan 31, 2015**

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Customer Telephone 1	Invoice/CM	Invoice Amt	0-30	31-60	61-90	Over 90 days	Amount Due
	40110	4,842.00				4,842.00	4,842.00
	40117	4,076.40				4,076.40	4,076.40
	40209	5,798.40				5,798.40	5,798.40
	40211	2,773.00				2,773.00	2,773.00
	40302	4,275.00				4,275.00	4,275.00
	40520	4,554.75				4,554.75	4,554.75
	40521	3,276.00				3,276.00	3,276.00
<b>ASEM - Centro Medico</b>						<b>69,973.64</b>	<b>69,973.64</b>
Carmen Rios Rivera 939-630-6321	40625B	1,291.24				391.24	391.24
<b>Carmen Rios Rivera</b>						<b>391.24</b>	<b>391.24</b>
Cristino Rodriguez Alvarado 787-595-7015	40901B	2,100.00				2,100.00	2,100.00
<b>Cristino Rodriguez Alvarado</b>						<b>2,100.00</b>	<b>2,100.00</b>
Hospital Damas Ponce (787)840-8686	50401	400.00				400.00	400.00
<b>Hospital Damas Ponce</b>						<b>400.00</b>	<b>400.00</b>
Diego Silva Cruz	40303	988.00				588.00	588.00
<b>Diego Silva Cruz</b>						<b>588.00</b>	<b>588.00</b>
Dr. Jose R Fumero, MD 787-725-3555	30924	4,747.81				4,747.81	4,747.81
<b>Dr. Jose R Fumero, MD</b>						<b>4,747.81</b>	<b>4,747.81</b>
First Medical Health Plan, Inc. 1-866-515-5885	30914 31218 40107	6,148.80 8,199.00 6,069.60				6,148.80 2,218.20 6,069.60	6,148.80 2,218.20 6,069.60
<b>First Medical Health Plan, Inc.</b>						<b>14,436.60</b>	<b>14,436.60</b>
CFSE -Corp. Fondo del Seguro 787-793-5959	30604 40212	5,314.68 4,114.80				5,314.68 4,114.80	5,314.68 4,114.80
<b>CFSE -Corp. Fondo del Seguro</b>						<b>9,429.48</b>	<b>9,429.48</b>



**SurgiFix, Inc.**  
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Customer Telephone 1	Invoice/CM	Invoice Amt	0-30	31-60	61-90	Over 90 days	Amount Due
Guillermo Rodriguez Garcia 787-637-7594	50213B	1,773.00				1,773.00	1,773.00
<b>Guillermo Rodriguez Garcia</b>						<b>1,773.00</b>	<b>1,773.00</b>
Higinio Vega Ojeda	50701	800.00				800.00	800.00
<b>Higinio Vega Ojeda</b>						<b>800.00</b>	<b>800.00</b>
HIMA San Pablo Caguas (787)653-3434	40319	315.50				315.50	315.50
	40934	752.00				752.00	752.00
	40911	6,418.00				6,418.00	6,418.00
	41007	753.00				753.00	753.00
	41201	2,257.73				2,257.73	2,257.73
	50110	258.00				258.00	258.00
	50228	5,900.00				5,900.00	5,900.00
	50338	6,510.40				6,510.40	6,510.40
	50414	5,900.00				5,900.00	5,900.00
	50424	5,900.00				5,900.00	5,900.00
	50509	5,900.00				5,900.00	5,900.00
	50519	300.00				300.00	300.00
	50513	5,900.00				5,900.00	5,900.00
	50610	2,377.96				2,377.96	2,377.96
	50614	1,547.20				1,547.20	1,547.20
	50615	5,900.00				5,900.00	5,900.00
	50621	5,900.00				5,900.00	5,900.00
<b>HIMA San Pablo Caguas</b>						<b>62,789.79</b>	<b>62,789.79</b>
HIMA San Pablo Fajardo 787-655-5025	31127	259.00				259.00	259.00
	40518	3,956.25				3,956.25	3,956.25
	40706	4,287.50				4,287.50	4,287.50
	40727	1,335.00				1,335.00	1,335.00
	40929	5,300.00				5,300.00	5,300.00
	50307	4,651.40				4,651.40	4,651.40
	50304	4,567.50				4,567.50	4,567.50
	50426	5,900.00				5,900.00	5,900.00
<b>HIMA San Pablo Fajardo</b>						<b>30,256.65</b>	<b>30,256.65</b>
Horizon NJ Health	31233	523.50				523.50	523.50
<b>Horizon NJ Health</b>						<b>523.50</b>	<b>523.50</b>
Humana Gold Plus 787-282-7900	50206	7,627.12				7,627.12	7,627.12
	50230	7,965.00				7,965.00	7,965.00
	50318	4,396.00				4,396.00	4,396.00
	50425	12,177.60				6,088.80	6,088.80
<b>Humana Gold Plus</b>						<b>26,076.92</b>	<b>26,076.92</b>

**SurgiFix, Inc.**  
**Aged Receivables**  
**As of Jan 31, 2015**

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Customer Telephone 1	Invoice/CM	Invoice Amt	0-30	31-60	61-90	Over 90 days	Amount Due
Humana Mi Salud 787-282-7900	21114 21107 31108 40118 40133 40517 40817 40842 40938 40935	6,042.34 5,989.00 1,582.58 5,491.80 5,040.00 2,426.00 5,250.19 4,134.48 2,303.61 4,453.52				1,238.34 5,989.00 149.50 2,100.00 2,448.00 937.00 2,250.19 4,134.48 767.87 1,105.52	1,238.34 5,989.00 149.50 2,100.00 2,448.00 937.00 2,250.19 4,134.48 767.87 1,105.52
<b>Humana Mi Salud</b>						<b>21,119.90</b>	<b>21,119.90</b>
Ismael Lopez Lopez	21116B	2,400.00				1,100.00	1,100.00
<b>Ismael Lopez Lopez</b>						<b>1,100.00</b>	<b>1,100.00</b>
Ismael Montalban Muñoz	30116	884.60				884.60	884.60
<b>Ismael Montalban Muñoz</b>						<b>884.60</b>	<b>884.60</b>
Jacqueline Rivera Matos 787-357-7374	50329B	1,604.42				1,604.42	1,604.42
<b>Jacqueline Rivera Matos</b>						<b>1,604.42</b>	<b>1,604.42</b>
Jose Armaiz Rodriguez 787-231-5001	21256	2,500.00				500.00	500.00
<b>Jose Armaiz Rodriguez</b>						<b>500.00</b>	<b>500.00</b>
Josefina Torres Aponte 787-7864075	40406B	1,158.06				58.06	58.06
<b>Josefina Torres Aponte</b>						<b>58.06</b>	<b>58.06</b>
Juan Fernandez Labo	31122B	3,145.55				1,000.55	1,000.55
<b>Juan Fernandez Labo</b>						<b>1,000.55</b>	<b>1,000.55</b>
Julio Rivera Negron	41005	1,700.00				450.00	450.00

**SurgiFix, Inc.**  
**Aged Receivables**  
**As of Jan 31, 2015**

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Customer Telephone 1	Invoice/CM	Invoice Amt	0-30	31-60	61-90	Over 90 days	Amount Due
<b>Julio Rivera Negrón</b>						<b>450.00</b>	<b>450.00</b>
Luis A. Velez Portela 787-209-3401	50408B	303.49				303.49	303.49
<b>Luis A. Velez Portela</b>						<b>303.49</b>	<b>303.49</b>
Luis Siva Negrón	30907B	2,030.00				2,030.00	2,030.00
<b>Luis Siva Negrón</b>						<b>2,030.00</b>	<b>2,030.00</b>
Manati Medical Center 787-621-3700 x1238	30712	3,472.50				165.00	165.00
<b>Manati Medical Center</b>						<b>165.00</b>	<b>165.00</b>
Mayaguez Medical Center 787-652-9200	50339	900.00				900.00	900.00
	50417	2,155.88				2,155.88	2,155.88
	50609	400.00				400.00	400.00
	50707	5,940.00				5,940.00	5,940.00
<b>Mayaguez Medical Center</b>						<b>9,395.88</b>	<b>9,395.88</b>
MCS Life Insurance Company 787-582-2500	31213	6,474.44				2,360.20	2,360.20
	31227	6,007.86				1,682.46	1,682.46
	40130	14,168.45				1,767.16	1,767.16
	40227	14,626.90				4,319.95	4,319.95
	40628	2,948.60				2,449.04	2,449.04
	40702	2,803.70				2,224.15	2,224.15
	40719	504.30				504.30	504.30
<b>MCS Life Insurance Company</b>						<b>15,307.26</b>	<b>15,307.26</b>
MCS Advantage, Inc. 787-582-2500	21015	11,231.25				1,606.25	1,606.25
	30207	8,446.50				2,989.99	2,989.99
	30907	10,677.04				2,557.04	2,557.04
	31008	9,275.00				2,525.00	2,525.00
	31101	6,097.35				3,240.71	3,240.71
	31103	1,783.62				1,729.62	1,729.62
	31122	24,476.45				11,910.25	11,910.25
	31210	7,134.50				3,209.84	3,209.84
	40617	8,304.70				241.09	241.09
	40722	9,361.75				4,884.23	4,884.23
<b>MCS Advantage, Inc.</b>						<b>34,894.02</b>	<b>34,894.02</b>

**SurgiFix, Inc.**  
**Aged Receivables**  
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Customer Telephone 1	Invoice/CM	Invoice Amt	0-30	31-60	61-90	Over 90 days	Amount Due
MCS Health Management Optio 787-582-2500	21038	2,860.00				2,860.00	2,860.00
<b>MCS Health Management Opti</b>						<b>2,860.00</b>	<b>2,860.00</b>
Hospital General Menonita, Inc. 787-735-8001	40306	1,490.00				1,490.00	1,490.00
	40721	448.91				448.91	448.91
	40922	416.99				63.98	63.98
	41217	2,426.99				2,426.99	2,426.99
	50227	6,541.60				1,000.00	1,000.00
<b>Hospital General Menonita, Inc</b>						<b>5,429.88</b>	<b>5,429.88</b>
Miriam Rivera Rodriguez 787-922-9206	50335B	1,674.80				974.80	974.80
<b>Miriam Rivera Rodriguez</b>						<b>974.80</b>	<b>974.80</b>
MMM Healthcare 787-620-2397	31216	4,415.25				4,415.25	4,415.25
	40114	6,821.50				6,821.50	6,821.50
	40304	7,099.20				7,099.20	7,099.20
<b>MMM Healthcare</b>						<b>18,335.95</b>	<b>18,335.95</b>
Orthology Corp. 787-462-8115	30121	3,925.00				791.20	791.20
<b>Orthology Corp.</b>						<b>791.20</b>	<b>791.20</b>
Hospital Pavia - Hato Rey 787-728-6220	21106	5,637.77				1,137.77	1,137.77
<b>Hospital Pavia - Hato Rey</b>						<b>1,137.77</b>	<b>1,137.77</b>
Preferred Medicare Choice 787-620-2397	40705	4,287.50				479.00	479.00
<b>Preferred Medicare Choice</b>						<b>479.00</b>	<b>479.00</b>
Triple S, Inc. 787-273-1110 x 2083	21254	3,680.00				696.00	696.00
	30206	5,070.00				39.00	39.00
	31002	2,642.10				1,144.50	1,144.50
	40232	5,560.00				3,217.60	3,217.60
	40629	576.38				576.38	576.38
	40829	3,768.27				3,768.27	3,768.27
	41010	526.00				526.00	526.00
	50221	8,498.00				860.00	860.00
	50521	1,420.00				1,420.00	1,420.00

**SurgiFix, Inc.**  
**Aged Receivables**  
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Customer Telephone 1	Invoice/CM	Invoice Amt	0-30	31-60	61-90	Over 90 days	Amount Due
	50602	350.00				350.00	350.00
	50702	2,396.00				2,396.00	2,396.00
<b>Triple S, Inc.</b>						<b>14,993.75</b>	<b>14,993.75</b>
SSS Optimo	21132	3,175.00				3,175.00	3,175.00
787-273-1110	30417	7,353.80				300.00	300.00
	30508	10,228.40				776.40	776.40
	30605	5,785.92				266.40	266.40
	40230	7,063.20				7,063.20	7,063.20
	40325	13,670.31				663.97	663.97
	41113	1,680.60				1,680.60	1,680.60
	50501	8,150.00				8,150.00	8,150.00
<b>SSS Optimo</b>						<b>22,075.57</b>	<b>22,075.57</b>
SSS Reforma	50336	9,965.00				9,965.00	9,965.00
	50420	6,510.00				2,132.00	2,132.00
	50422	6,255.00				1,700.00	1,700.00
	50523	275.00				275.00	275.00
	50605	360.00				360.00	360.00
	50613	1,504.00				1,504.00	1,504.00
<b>SSS Reforma</b>						<b>15,936.00</b>	<b>15,936.00</b>
SSS Selecto	40116	4,735.80				4,735.80	4,735.80
787-273-1110	41111	7,965.00				7,965.00	7,965.00
<b>SSS Selecto</b>						<b>12,700.80</b>	<b>12,700.80</b>
Strong Care Corp.	30404	2,500.00				500.00	500.00
787-740-7880	307021	500.00				500.00	500.00
	307022	500.00				500.00	500.00
	30828	500.00				500.00	500.00
<b>Strong Care Corp.</b>						<b>2,000.00</b>	<b>2,000.00</b>
The Progressive Orthopaedic Co	40526	59.00				59.00	59.00
	40612	59.00				59.00	59.00
<b>The Progressive Orthopaedic</b>						<b>118.00</b>	<b>118.00</b>
Yomarie De Jesus Astacio	40125B	3,907.20				3,907.20	3,907.20
<b>Yomarie De Jesus Astacio</b>						<b>3,907.20</b>	<b>3,907.20</b>
						<b>462,399.12</b>	<b>462,399.12</b>



**Furniture, Fixtures, Computers, etc.**

Shedules: B- 4  
B - 28

<u>Descripcion</u>	<u>Cant.</u>	<u>\$ Costo</u>	<u>Total Costo</u>	<u>Valor \$</u>
<b>Computadoras:</b>				
HP Desktop 6000 Pro - MASS Office	3	\$ 1,430.54	\$ 4,291.62	\$ 3,000.00
<b>Impresoras:</b>				
HP OfficeJet 8500	1		-	\$ 200.00
HP OfficeJet 8000 - Office Max	1	\$ 178.67	178.67	\$ 100.00
HP Color LaserJet - Jose	1		-	\$ 500.00
Epson Workforce 840	1		-	\$ 400.00
<b>Otros Equipos:</b>				
??? Epson G-T-S80	1		-	\$ 100.00
Fax Brother	1		-	\$ 50.00
Sistema Tel. Grandstream	5		-	\$ 500.00
<b>Cocina:</b>				
Nevera - A La Orden Discount	1	\$ 523.23	523.23	\$ 400.00
Microhondas	1		-	\$ 75.00
Hornito	1		-	\$ 50.00
<b>Anaqueles</b>				
Secciones Baratas - COSTCO	13	\$ 71.68	931.84	\$ 650.00
Secciones Caras	2	\$ 400.00	800.00	\$ 400.00
<b>Mobiliario</b>				
Escritorios	4			\$ 200.00
Sillas	4			\$ 200.00
				<u>\$ 6,825.00</u>

## Schedule B - 29 Medical Equipment

<u>Description</u>	<u>Valor \$</u>
TAG Shoulder Arthroscopy Tray	\$3,800.00
Concept Suture Passers	\$10,000.00
Assorted Instruments	\$18,000.00
Mizuho - AVM Aneurism Clip Tray	\$4,334.00
Gexfixn External Bone Fixator	\$8,000.00
Stryker - T5 Surgical Helmets w/ Battery packs	\$4,000.00
Drill Saw Sets	\$7,500.00
Cooler Incubator SanyoMIR-154 - FISVCI	\$3,000.00
Chart Recorder - FISVCI	<u>\$1,000.00</u>
	<u><u>\$59,634.00</u></u>

## Schedule: B - 30

## Inventory

<u>Item ID</u>	<u>Item Description</u>	<u>Item Type</u>	<u>Last Unit Cost</u>	<u>Qty on Hand</u>	<u>Total Costs</u>
BXS4216H	Duet Anchor w/ B. Punch 6.0 HF	Disposab	\$ 248.99	12	\$ 2,987.88
C5070H	Bio Paladin 5mm Dbl Loaded	Disposab	\$ 233.81	9	\$ 2,104.29
C6170H	Bio Mini Revo 3.1*11mm HiFi #2	Disposab	\$ 194.36	15	\$ 2,915.40
C6170HP	Bio Mini Revo, Pre-threaded	Disposab	\$ 180.25	7	\$ 1,261.75
C6400EL	Spectrum MVP, Medium Crecent	Disposab	\$ 154.50	4	\$ 618.00
C6410	Spectrum MVP 45deg Right	Disposab	\$ 154.50	11	\$ 1,699.50
C6410EL	Spectrum MVP, 45deg. Right	Disposab	\$ 154.50	5	\$ 772.50
C6420	Spectrum MVP 45deg Left	Disposab	\$ 154.50	7	\$ 1,081.50
C6420EL	Spectrum MVP, 45deg. Left	Disposab	\$ 154.50	4	\$ 618.00
C7352	Canula Disp NF 8.4 x 50MM	Disposab	\$ 31.38	19	\$ 596.22
C7354	Canula Disp NF 8.4 x 50MM	Disposab	\$ 30.47	11	\$ 335.17
C7360	Dry-Doc Cannula 7.0 x 8.5mm	Canula	\$ 37.13	5	\$ 185.65
C7362	Canula 8.4 x 75	Disposab	\$ 30.47	10	\$ 304.70
C7364	Cannula SMTH 8.4 x 75MM	Disposab	\$ 30.47	10	\$ 304.70
C7367	Dry Doc Cann W/Disp Obturator	Disposab	\$ 34.67	7	\$ 242.69
C7372	8.4 x 90mm Cannula Obturator	Canula	\$ 30.47	4	\$ 121.88
C7374	Cannula SMTH NF 8.4 x 90mm	Disposab	\$ 30.47	6	\$ 182.82
C7480	Hex Flex Cann 8 x 85 w/Disp Ob	Disposab	\$ 20.60	6	\$ 123.60
CF6140H	5.0mm Super Revo-FT w/2 Hi Fi	Disposab	\$ 154.50	10	\$ 1,545.00
CFBC-4502	4.5mm CrossFT BC w/two #2 HiFi	Suture	\$ 210.64	12	\$ 2,527.68

**Schedule: B - 30**

**Inventory**

CFBC-5502	5.5mm CrossFT BC w/two #2 HiFi	Suture	\$ 203.90	15	\$ 3,058.50
CFP-5503	5.5mm Cross Ft Three #2 Suture	Disposab	\$ 236.90	2	\$ 473.80
CKP-3500	PopLok Suture Anchor 3.5mm	Disposab	\$ 257.50	9	\$ 2,317.50
CKP-3501	PopLok 3.5mm Suture Anchor w/H	Disposab	\$ 297.41	12	\$ 3,568.92
CKP-4502	Poplock Anchor 4.5mm	Disposab	\$ 334.18	7	\$ 2,339.26
GKP-2802	2.8mm PopLok Suture Anchor	Suture	\$ 293.72	13	\$ 3,818.36
GKP-3302	3.3mm PopLok Suture Anchor	Suture	\$ 293.71	18	\$ 5,286.78
IA-2000-S	Lightwave Suction Ablator	Disposab	\$ 168.10	11	\$ 1,849.10
NB212	2.1 Genesys PressFT w/ Two #0	Suture	\$ 202.36	10	\$ 2,023.60
NB261	Genesys PressFT 2.6mm Anchor	Anchor	\$ 202.36	6	\$ 1,214.16
NB262	2.6 Genesys PressFT w/ Two #1	Suture	\$ 202.36	3	\$ 607.08
NP261H	PressFt 2.6 w/one #2 (5Metric)	Suture	\$ 142.45	5	\$ 712.25
SMI-00D	Concept Suture Passer Needle	Disposab	\$ 147.03	2	\$ 294.06
FD52615	Cancellous Ground (1-4) 15cc	Bone	\$ 156.00	1	\$ 156.00
HM53001	Ultrafill DBM Putty Human , 1cc	Bone	\$ 130.00	3	\$ 390.00
14100401	Putty 5.0cc Osteo AMP	Bone	\$ 731.25	6	\$ 4,387.50
12700401	Mineralized Granules 5cc AMP	Bone	\$ 731.25	4	\$ 2,925.00

<b>TOTAL</b>	<b>\$ 55,950.80</b>
--------------	---------------------

Case No. \_\_\_\_\_  
(if known)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

☐ 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
None			
Page No. 1 of 1			



B6D (Official Form 6D) (12/07)

In re SURGIFIX, INC  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Co-Debtor H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No:							
	Value:						
Account No:							
	Value:						
Subtotal \$						\$ 0.00	\$ 0.00
(Total of this page)							
Total \$						\$ 0.00	\$ 0.00
(Use only on last page)							

No continuation sheets attached

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re SURGIFIX, INC

Debtor(s)

Case No. \_\_\_\_\_  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re SURGIFIX, INC,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: *Taxes and Certain Other Debts Owed to Governmental Units*

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred and Consideration for Claim	Contingent Unliquidated Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
Account No: 6567 Creditor # : 2 PR TREASURY DEPT. P.O. BOX 9022501 SAN JUAN PR 00902				\$168,629.49	\$168,629.49	\$ 0.00
Account No:						
Account No:						
Account No:						
Subtotal \$ (Total of this page)				266,494.34	266,494.34	0.00
Total \$ (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)				266,494.34		
Total \$ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and					266,494.34	0.00

Sheet No. 1 of 1 continuation sheets  
attached to Schedule of Creditors Holding Priority Claims

B6F (Official Form 6F) (12/07)

In re SURGIFIX, INCCase No. \_\_\_\_\_  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3470  Creditor # : 1 AT&T Mobility PO BOX 6463 CAROL STREAM IL 60197-6463		Cell phone services				\$ 348.55
Account No:  Creditor # : 2 BERMICA INVESTMENT, SE PO BOX 362635 SAN JUAN PR 00936-2635		Arrears on monthly rent for office space from July 2014 through January 2015				\$ 17,990.00
Account No: M-41  Creditor # : 3 CM PARKING AVE ARTERIAL HOSTOS #239 SAN JUAN PR 00918		Monthly rental parking fee				\$ 111.84
3 continuation sheets attached						<b>Subtotal \$</b> <b>Total \$</b> (Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related
						<b>\$ 18,450.39</b>

B6F (Official Form 6F) (12/07) - Cont.

In re SURGIFIX, INC

Case No. \_\_\_\_\_

Debtor(s)

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:		06/2014				\$ 7,378.08
Creditor # : 4 FERNANDO FERRER TAPIA URB VALLE ESCONDIDO CALLE ESPINO DEL CARIBE C-17 COAMO PR 00769		Unpaid commissions for sales of medical equipment through June 2014				
Account No:						\$ 504.84
Creditor # : 5 LIBERTY PUERTO RICO PO BOX 71496 SAN JUAN PR 00936-8596		Internet service provider				
Account No:						\$ 22,127.20
Creditor # : 6 ORTHOHELIX SURGICAL DESIGNS, INC 1065 MEDINA RD STE 500 MEDINA OH 44256		Trade creditor				
Account No: 1885		10/09/2014				\$ 26,423.58
Creditor # : 7 POPULAR AUTO PO BOX 15011 SAN JUAN PR 00902-8511		Deficiency claim on vehicle lease				
Account No: 1884		10/09/2014				\$ 18,007.93
Creditor # : 8 POPULAR AUTO PO BOX 15011 SAN JUAN PR 00902-8511		Deficiency claim on vehicle lease				

Sheet No. 1 of 3 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 74,441.63**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re SURGIFIX, INC, Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1883 Creditor # : 9 POPULAR AUTO PO BOX 15011 SAN JUAN PR 00902-8511		10/09/2014 Deficiency claim on vehicle lease				\$ 18,030.93
Account No: 1427 Creditor # : 10 REFRITECH & MECHANIC CALLE CORCHADO 1100 ESQ AVE CONDADO SAN JUAN PR 00907		Trade creditor				\$ 381.47
Account No: 5039 Creditor # : 11 STRYKER PUERTO RICO PLAZA SANTA MARIA, STE 26 PMB222-2000, CARR 8177 GUAYNABO PR 00966		Trade creditor				\$ 1,750.00
Account No: 8714 Creditor # : 12 TISSUE NET DIST SERVICE, LLC 7022 TPC DRIVE SUITE 400 ORLANDO FL 32822		Trade creditor				\$ 2,670.00
Account No: Creditor # : 13 TORNIER, INC 10801 NESBITT AVE SOUTH BLOOMINGTON MN 55437		Trade creditor				\$ 826,125.68

Sheet No. 2 of 3 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 848,958.08**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re SURGIFIX, INC ,

Case No. \_\_\_\_\_

Debtor(s)

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:  Creditor # : 14 TRIPLE S, INC PO BOX 363628 SAN JUAN PR 00936-3628		Arrears in payment of employee's health benefits				\$ 2,370.00
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 3 of 3 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,370.00

Total \$ \$ 944,220.10

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related



In re SURGIFIX, INC / Debtor Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<p><i>BERMICA INVESTMENT, S.E.</i> <i>PO BOX 362635</i> <i>SAN JUAN PR 00936-2635</i></p>	<p>Contract Type: <i>Non-residential lease agreement</i>  Terms: <i>\$2,570 per month hold over rental fee</i>  Beginning date:  Debtor's Interest: <i>Lessee</i>  Description: <i>Expired lease agreement for office space in</i>  <i>Capital Cebter Bldg., San Juan, PR</i>  Buyout Option:</p>

In re SURGIFIX, INC / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceeding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

Fill in this information to identify your case:

Debtor 1 **SURGIFIX, INC**  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name  
 United States Bankruptcy Court for the: District of **PUERTO RICO**  
 Case number  
 (If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed  
☐ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed  
☐ Not employed

Occupation

Employer's name

Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there?

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$	\$
3. Estimate and list monthly overtime pay.	+ \$	+ \$
4. Calculate gross income. Add line 2 + line 3.	\$	\$

Debtor 1 **SURGIFIX, INC** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$ _____	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ _____
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ _____	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <span style="border: 1px solid black; padding: 2px;">\$ _____</span>	<span style="border: 1px solid black; padding: 2px;">\$ _____</span>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <span style="border: 1px solid black; padding: 2px;">\$ _____</span>	<span style="border: 1px solid black; padding: 2px;">\$ _____</span> + <span style="border: 1px solid black; padding: 2px;">\$ _____</span> = <span style="border: 1px solid black; padding: 2px;">\$ _____</span>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. <span style="border: 1px solid black; padding: 2px;">\$ _____</span> Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; display: inline-block; width: 700px; height: 30px; vertical-align: middle;"></span>		

Fill in this information to identify your case:

Debtor 1 SURGIFIX, INC  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of PUERTO RICO

Case number  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$

4b. \$

4c. \$

4d. \$

Debtor 1 **SURGIFIX, INC**  
 First Name Middle Name Last Name

Case number (if known)

**Your expenses**

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$
- 6b. Water, sewer, garbage collection 6b. \$
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$
- 6d. Other. Specify: 6d. \$
7. **Food and housekeeping supplies** 7. \$
8. **Childcare and children's education costs** 8. \$
9. **Clothing, laundry, and dry cleaning** 9. \$
10. **Personal care products and services** 10. \$
11. **Medical and dental expenses** 11. \$
12. **Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments. 12. \$
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$
14. **Charitable contributions and religious donations** 14. \$
15. **Insurance.**  
Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$
- 15b. Health insurance 15b. \$
- 15c. Vehicle insurance 15c. \$
- 15d. Other insurance. Specify: 15d. \$
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: 16. \$
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$
- 17b. Car payments for Vehicle 2 17b. \$
- 17c. Other. Specify: 17c. \$
- 17d. Other. Specify: 17d. \$
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).** 18. \$
19. **Other payments you make to support others who do not live with you.**  
Specify: 19. \$
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \$
- 20b. Real estate taxes 20b. \$
- 20c. Property, homeowner's, or renter's insurance 20c. \$
- 20d. Maintenance, repair, and upkeep expenses 20d. \$
- 20e. Homeowner's association or condominium dues 20e. \$

Debtor 1 **SURGIFIX, INC**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. **+\$** \_\_\_\_\_

22. **Your monthly expenses.** Add lines 4 through 21.  
The result is your monthly expenses.

22. **\$** \_\_\_\_\_

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above.

23b. **– \$** \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. **\$** \_\_\_\_\_

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO

In re: **SURGIFIX, INC**

Case No.  
Chapter **7**

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

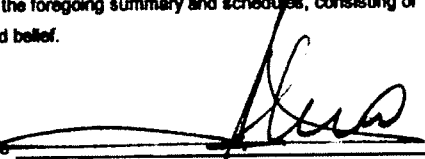
PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:		
1. Gross Income For 12 Months Prior to Filing:		\$
PART B - ESTIMATED AVERAGE FUTURE <u>GROSS</u> MONTHLY INCOME:		
2. Gross Monthly Income:		\$
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:		
3. Net Employee Payroll (Other Than Debtor)	\$	
4. Payroll Taxes		
5. Unemployment Taxes		
6. Worker's Compensation		
7. Other Taxes		
8. Inventory Purchases (Including raw materials)		
9. Purchase of Feed/Fertilizer/Seed/Spray		
10. Rent (Other than debtor's principal residence)		
11. Utilities		
12. Office Expenses and Supplies		
13. Repairs and Maintenance		
14. Vehicle Expenses		
15. Travel and Entertainment		
16. Equipment Rental and Leases		
17. Legal/Accounting/Other Professional Fees		
18. Insurance		
19. Employee Benefits (e.g., pension, medical, etc.)		
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):	\$	
21. Other (Specify)	\$	
22. Total Monthly Expenses		\$
PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME:		
23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2)		\$

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY ON BEHALF OF A CORPORATION

I, Hernán J. Torres, President of the Corporation  
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 14 sheets,  
and that they are true and correct to the best of my knowledge, information, and belief.

Date: 4/13/2015

Signature:   
Name: Hernán J. Torres  
Title: President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

### CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Preparer:

Social security No. :

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X \_\_\_\_\_

Date: \_\_\_\_\_

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §158.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

In re: SURGIFIX, INC, a Corporation

Debtor

Case No. \_\_\_\_\_

(if known)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(2), (31).

**1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: \$0.00

Last Year: \$

Year before: \$1,667,938.00

Sales of Medical Equipment

Sales of Medical Equipment

**2. Income other than from employment or operation of business**

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

None Complete a. or b., as appropriate, and c.



a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<i>BERMICA INVESTMENT, S.E. v. SURGIFIX, INC. Civil Núm. K PE2015-0714 (505)</i>	<i>Eviction proceedings and collection of monies</i>	<i>San Juan Superior Court, Room 505</i>	<i>Initial hearing scheduled for March 10, 2015</i>

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**7. Gifts**

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**8. Losses**

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Payee: <i>Fernando E. Longo</i> <i>Quiñones</i> Address: <i>Capital Center Bldg. Suite</i> <i>900</i> <i>#239 Arterial Hostos Ave.</i> <i>San Juan, PR 00918-1400</i>	Date of Payment: <i>12/03/2014</i> Payor: <i>SURGIFIX, INC</i>	<i>\$3,000.00</i>

**10. Other transfers**

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Transferee: <i>Popular Auto</i> Address: Relationship:	<i>12/15/2014</i>	Property: <i>2012 Toyota Sienna (HXR859)</i> Value:
Transferee: <i>Popular Auto</i> Address: Relationship:	<i>12/15/2014</i>	Property: <i>2011 Toyota RAV-4 (HXR 858)</i> Value:
Transferee: <i>Popular Auto</i>	<i>12/15/2014</i>	Property: <i>2011 Toyota RAV-4 (HXR 860)</i>

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NAME AND ADDRESS  
OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Address:

Value:

Relationship:

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Institution: Banco Santander Puerto Rico Address: Hato Rey Branch	Account Type and No.: Checking Account No. 3004572024 Final Balance: \$0.00	January 31, 2014

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☒ If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

### 16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

None



For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

### 18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

*SURGIFIX, INC*  
*a Corporation*

*TaxPayer ID:*




B7 - (Official Form 7) (4/13)

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
SURGIFIX, INC a Corporation	TaxPayer ID: 66- 0726567	CAPITAL CENTER BLDG, STE 1002 ARTERIAL HOSTOS AVE #239 SAN JUAN PR, 00918		
SURGIFIX, INC a Corporation	TaxPayer ID: 66- 0726567	CAPITAL CENTER BLDG, STE 1002 ARTERIAL HOSTOS AVE #239 SAN JUAN PR, 00918		
SURGIFIX, INC a Corporation	TaxPayer ID: 66- 0726567	CAPITAL CENTER BLDG, STE 1002 ARTERIAL HOSTOS AVE #239 SAN JUAN PR, 00918		
SURGIFIX, INC a Corporation	TaxPayer ID: 66- 0726567	CAPITAL CENTER BLDG, STE 1002 ARTERIAL HOSTOS AVE #239 SAN JUAN PR, 00918		

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



Date 04/13/2015

Signature   
Print Name and Title Hernán J. Torres President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

\_\_\_\_continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both, 18 U.S.C. §§ 152 and 3571.*